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TRANSMITTAL FORM

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Total Number of Pages in This Submission

Application Number	09/701,927
Filing Date	January 16, 2001
First Named Inventor	Gunther Eiban
Art Unit	1734
Examiner Name	M. C. Mayes
Attorney Docket Number	30071/32004

	EN	ICLOSURES (Check all t	hat app	ly)
Fee Transm	nittal Form	Drawing(s)		After Allowance Communication to TC
Fee A	Attached	Licensing-related Papers		Appeal Communication to Board of Appeals and Interferences
X Amendmen	nt/Reply	Petition		Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
x After	Final	Petition to Convert to a Provisional Application		Proprietary Information
Affida	vits/declaration(s)	Power of Attorney, Revocation Change of Correspondence A		Status Letter
X Extension	of Time Request	Terminal Disclaimer		Other Enclosure(s) (please Identify below):
Express Ab	andonment Request	Request for Refund		
Information	Disclosure Statement	CD, Number of CD(s)		
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Reply to Mincomplete	ssing Parts/ Application	Remarks		
	to Missing Parts under FR 1.52 or 1.53			
	\$IGNATI	JRE OF APPLICANT, ATTOR	NEY, OR	AGENT
Firm Name	MARSHALL, GERS	TEIN & BORUN LYP		
Signature	lond			
Printed name	Russell C. Petersen			
Date	December 6, 2005		Reg. No.	53,457

I hereby certify that this correspondence is beir	ng deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in oner for Patents, P.O. Box 1450, Alexandria, VA 22313 480, on the date shown below.
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Dated: December 6, 2005	Signature (Russell C. Petersen)

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Docket No. AMENDMENT TRANSMITTAL LETTER 30071/32004 Application No. Filing Date Examiner Art Unit 09/701,927 January 16, 2001 M. C. Mayes 1734 Applicant(s): Gunther Eiban et al. Invention: METHOD AND DEVICE FOR APPLYING WRAP-AROUND LABELS TO OBJECTS

TO THE COMMISSIONER FOR PATENTS

Transmitted herewith is an amendment in the above-identified application.

		CLAIM	S AS AMENI	DED		
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present		Rate	
Total Claims	38	- 35 =	3	×	25.00	75.00
ndependent Claims	3	- 5 =		X		
Multiple Depend	dent Claims (ch	eck if applicabl	e)			
Other fee (pleas	se specify): E	extension for res	ponse within fi	rst mon	th	60.00
TOTAL ADDIT	IONAL FEE FO	OR THIS AME	NDMENT:			135.00
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Russell C. Pete	700	<i>//_/</i>			Dated: D	ecember 6, 2005
Attorney Reg. I						
	ERSTEIN & BO	ORUN LLP				
233 S. Wacker	Drive, Suite 63	800				
Sears Tower Chicago, Illinois	s 60606-6357					
Sears Tower Chicago, Illinoi: (312) 474-6300						_

Signature: Mariana VA

Dated: December 6, 2005